

Fill in this information to identify the case:Debtor name PACIFIC COAST FLANGE, INC.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 17-50643☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2017**X /s/ MICHAEL H. FITE**

Signature of individual signing on behalf of debtor

MICHAEL H. FITE

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 3,353,565.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 3,353,565.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 356,728.91
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 19,641.18
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 4,855,891.44
4. Total liabilities Lines 2 + 3a + 3b	\$ 5,232,261.53

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **US BANK****CHECKING****6008****\$200.00**3.2. **US BANK****CHECKING****5992****\$200.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$400.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
	FOLDING CHAIRS 36 EACH	\$0.00	\$0.00
	BOOKSHELVES 15 EACH	\$0.00	\$75.00
	DISPLAY CABINET	\$0.00	\$350.00
	OAK TABLE	\$0.00	\$50.00
	BLUE PRINT CABINET 2 EACH	\$0.00	\$500.00
40.	Office fixtures		
41.	Office equipment, including all computer equipment and communication systems equipment and software COMPUTERS, PRINTERS, COPIER, FAX MACHINE, PHONE SYSTEM AND OFFICE EQUIPMENT	\$0.00	N/A
	RICOH COPY SCAN MACHINE	\$0.00	\$10,000.00
	FAX MACHINE	\$0.00	\$900.00
	HP COPY SCAN MACHINE	\$0.00	\$300.00
	MAIN SERVER COMPUTER	\$0.00	\$2,500.00
	MAIN SERVER BACKUP	\$0.00	\$200.00
	COMPUTERS 5 EACH	\$0.00	\$200.00
	FLAT SCREEN MONITORS 5 EACH	\$0.00	\$0.00
	HI VOLUME PRINTER	\$0.00	\$1,000.00
	HP LASER JET PRINTER 3 EACH	\$0.00	\$0.00
	PAPER SHREADERS 2 EACH	\$0.00	\$100.00
	MICROWAVE OVENS 3 EACH	\$0.00	\$0.00
	REFRIGERATORS 2 EACH	\$0.00	\$100.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **PACIFIC COAST FLANGE, INC.**
NameCase number (If known) **17-50643**43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$22,475.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2011 3/4 TON DODGE TRUCK	\$0.00		\$35,000.00
47.2.	2014 DODGE 4500	\$0.00		\$50,000.00
47.3.	1987 GMC 7000 FLATBED	\$0.00		\$2,000.00
47.4.	1998 CHEVROLET TRUCK	\$0.00		\$1,000.00
47.5.	1987 GMC FLATBED TRUCK	\$0.00		\$3,000.00
47.6.	2008 NORTHERN EQUIPMENT TRAILER	\$0.00		\$2,000.00
47.7.	1996 24' CM GOOSE NECK TRAILER	\$0.00		\$4,000.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
	TOYOTA 5FGC30 FORKLIFT	\$0.00		\$10,000.00
	TOYOTA 426FGCU25 FORKLIFT	\$0.00		\$11,000.00
	HYSTER H50FT FORKLIFT	\$0.00		\$18,000.00

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	Name		
HYSTER H60XM FORKLIFT	\$0.00		\$18,000.00
DEAWOO G25S-2 FORKLIFT	\$0.00		\$4,000.00
JVC 930 FORKLIFT	\$0.00		\$15,000.00
HYSTER H80XL FORKLIFT	\$0.00		\$20,000.00
HYSTER H200HS FORKLIFT	\$0.00		\$20,000.00
CATERPILLER HV300B FORKLIFT	\$0.00		\$25,000.00
HI JACKER HJ-15-B ELECTRIC MAN LIFT	\$0.00		\$900.00
CASCADE DIGITAL LED FORKS	\$0.00		\$0.00
CONTRX 1 TON JIB CRANE	\$0.00		\$1,695.00
CONTRX 1 TON JIB CRANE	\$0.00		\$995.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
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ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
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ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00
ABELL-HOWE 2 TON JIB CRANE	\$0.00		\$2,650.00

Case number (If known) **17-50643**

\$12,000.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST T5J00TW00361	\$0.00		\$1,000.00
COFFING 1 TON HOIST EC2016-3-10	\$0.00		\$12,000.00
COFFING 1 TON HOIST T5J00TW00361	\$0.00		\$1,000.00
JET 1 TON HOIST ISS-3-15	\$0.00		\$1,000.00
JET 1 TON HOIST ISS-3-15	\$0.00		\$1,000.00
JET 1 TON HOIST ISS-3-20	\$0.00		\$1,000.00
LOADSTAR 2 TON HOIST	\$0.00		\$2,000.00
LOADSTAR 2 TON HOIST	\$0.00		\$2,000.00
LOADSTAR 2 TON HOIST	\$0.00		\$2,000.00
COFFING 2 TON HOIST EC4018	\$0.00		\$2,000.00
JET 2 TON HOIST 3L9251449-3	\$0.00		\$1,800.00
HARRINGTON 5 TON HOIST 47SY8041	\$0.00		\$5,000.00
WEBSTER BENNETT 48" VERTICAL BORING MILL	\$0.00		\$6,000.00
WEBSTER BENNETT 60" VERTICAL BORING MILL	\$0.00		\$15,000.00
KING 36" VERTICAL BORING MILL	\$0.00		\$22,000.00
KING 42" VERTICAL BORING MILL	\$0.00		\$30,000.00

Debtor PACIFIC COAST FLANGE, INC.
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<u>KING 62" VERTICAL BORING MILL</u>	<u>\$0.00</u>	<u>\$45,000.00</u>
<u>1960 BETTS VERTICAL 120" VB - 11 BORING MILL</u>	<u>\$0.00</u>	<u>\$300,000.00</u>
<u>1992 OM LTD 288" TMSS1 - 40/7 VERTICAL BORING MILL</u>	<u>\$0.00</u>	<u>\$800,000.00</u>
<u>CENTRAL MACHINERY TD - 1236B MANUAL LATHE</u>	<u>\$0.00</u>	<u>\$1,800.00</u>
<u>FEMCO HL - 55 CNC LATHE</u>	<u>\$0.00</u>	<u>\$100,000.00</u>
<u>TAKISAWA TX - 2 CNC MILL</u>	<u>\$0.00</u>	<u>\$3,500.00</u>
<u>1998 HAAS G1 CNC MILL</u>	<u>\$0.00</u>	<u>\$45,000.00</u>
<u>1998 VF - 3 CNC MILL</u>	<u>\$0.00</u>	<u>\$30,000.00</u>
<u>1996 HAAS VF - 6 CNC MILL</u>	<u>\$0.00</u>	<u>\$40,000.00</u>
<u>CHEVALIER FVM-104125DC CNC MILL</u>	<u>\$0.00</u>	<u>\$350,000.00</u>
<u>CHEVALIER 90 DEGREE RIGHT ANGLE HEAD</u>	<u>\$0.00</u>	<u>\$10,000.00</u>
<u>CHEVALIER FVL-1600VTC CNC VTL</u>	<u>\$0.00</u>	<u>\$300,000.00</u>
<u>HYUNDAI LV1100R/L CNC VTL</u>	<u>\$0.00</u>	<u>\$250,000.00</u>
<u>CINCINNATI 5' RADIAL DRILL</u>	<u>\$0.00</u>	<u>\$5,000.00</u>
<u>CINCINNATI 6' RADIAL DRILL</u>	<u>\$0.00</u>	<u>\$7,000.00</u>
<u>CARLTON 5' RADIAL DRILL</u>	<u>\$0.00</u>	<u>\$6,000.00</u>
<u>SYLVA GANG DRILL</u>	<u>\$0.00</u>	<u>\$500.00</u>
<u>CENTURY 39955 DRILL PRESS</u>	<u>\$0.00</u>	<u>\$100.00</u>
<u>ORBIT OR-1458F DRILL PRESS</u>	<u>\$0.00</u>	<u>\$100.00</u>
<u>48" INDEXING TABLE</u>	<u>\$0.00</u>	<u>\$1,000.00</u>

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
60" DIGITAL INDEX TABLE	\$0.00		\$2,500.00
96" DIGITAL INDEX TABLE	\$0.00		\$3,500.00
120" DIGITAL INDEX TABLE	\$0.00		\$9,000.00
MOHAWK 49 DRILL SHARPENER	\$0.00		\$3,000.00
STERLING DV DRILL SHARPENER	\$0.00		\$250.00
STERLING DV DRILL SHARPENER	\$0.00		\$250.00
TABLE JAWS	\$0.00		\$250.00
TABLE JAWS	\$0.00		\$250.00
TABLE JAWS	\$0.00		\$250.00
TABLE JAWS	\$0.00		\$250.00
HYSTER H80XL FORKLIFT	\$0.00		\$8,000.00
CASCADE 23AIFORK DIGITAL LED FORKS	\$0.00		\$5,000.00
ARONSON WRI10 PIPE ROLLS	\$0.00		\$0.00
JETLINE 37000A PIPE ROLLS	\$0.00		\$250.00
JETLINE TD1000A PIPE ROLLS	\$0.00		\$250.00
VICTOR 120" CIRCLE BURNER	\$0.00		\$4,000.00
VICTOR 73" CIRCLE BURNER	\$0.00		\$4,000.00
KOIKE 1K-70 24" CIRCLE BURNER	\$0.00		\$1,000.00
KOIKE KT-30-6 24" CIRCLE BURNER	\$0.00		\$1,000.00
KOIKE 1K-54-D PATTERN BURNER	\$0.00		\$800.00
VICTOR VCM-200 STRAIGHT BURNER	\$0.00		\$1,100.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
BUGGO STRAIGHT BURNER	\$0.00		\$1,000.00
VICTOR OXY/ACET TORCH SET	\$0.00		\$150.00
VICTOR OXY/ACET TORCH SET	\$0.00		\$150.00
VICTOR OXY/ACET TORCH SET	\$0.00		\$150.00
HOSSFELD #2 PIPE BAR BENDER	\$0.00		\$3,000.00
WESTWARD 3ZL69 PORTA POWER	\$0.00		\$350.00
MARVEL MK-1 BAND SAW	\$0.00		\$3,000.00
WF WELLS 12" BAND SAW	\$0.00		\$1,200.00
WF WELLS 16" BAND SAW	\$0.00		\$6,000.00
MILLWAUKEE 6176-20 CHOP SAW	\$0.00		\$250.00
MILLWAUKEE 6490 CHOP SAW	\$0.00		\$200.00
BURR KING BELT SANDER	\$0.00		\$300.00
CLEMCO CONTRACTOR SAND BLASTER	\$0.00		\$6,000.00
GARDNER-DENVER 450 BLAST COMPRESSOR	\$0.00		\$3,500.00
NAPA FLOOR JACK	\$0.00		\$250.00
NAPA FLOOR JACK	\$0.00		\$250.00
JOHN DEERE 20297 PRESSURE WASHER	\$0.00		\$600.00
SULLAIR 185-JD AIR COMPRESSOR	\$0.00		\$5,000.00
QUINCY QGD-50 AIR COMPRESSOR	\$0.00		\$12,000.00
HUSKY PRO-3.2 AIR COMPRESSOR	\$0.00		\$4,000.00
INGERSOLL-RAND WATER SEPARATOR	\$0.00		\$1,100.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
ZEKS 98300 EVAPORATOR	\$0.00		\$1,100.00
DELTA MH23-105B PEDESTAL GRINDER	\$0.00		\$100.00
BALDOR 610-5-2 PEDESTAL GRINDER	\$0.00		\$800.00
UTILITY MOTORS 10486 PEDESTAL GRINDER	\$0.00		\$100.00
6X12 STEEL FAB TABLE	\$0.00		\$1,500.00
5X10 STEEL FAB TABLE	\$0.00		\$1,500.00
5X10 STEEL FAB TABLE	\$0.00		\$1,500.00
4X10 STEEL FAB TABLE	\$0.00		\$900.00
4X8 STEEL FAB TABLE	\$0.00		\$900.00
4X4 STEEL FAB TABLE	\$0.00		\$500.00
4X4 STEEL FAB TABLE	\$0.00		\$500.00
3X12 STEEL FAB TABLE	\$0.00		\$750.00
3X8 STEEL FAB TABLE	\$0.00		\$500.00
3X6 STEEL FAB TABLE	\$0.00		\$500.00
2X5 STEEL FAB TABLE	\$0.00		\$400.00
7X10 TEE SLOT TABLE	\$0.00		\$300.00
9X20 BURN TABLE	\$0.00		\$1,000.00
5X8 BURN TABLE	\$0.00		\$700.00
4X4 BURN TABLE	\$0.00		\$400.00
12X20 METAL SHED	\$0.00		\$2,500.00
WISE 3 EACH	\$0.00		\$600.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
PIPE CLAMPS 2 EACH	\$0.00		\$300.00
6X7 LIFTING HOOKS 3 EACH	\$0.00		\$11,000.00
5X6 LIFTING HOOKS 2 EACH	\$0.00		\$6,000.00
4X4 LIFTING HOOKS 4 EACH	\$0.00		\$8,000.00
3X3 LIFTING HOOKS 210 EACH	\$0.00		\$12,000.00
2X2 LIFTING HOOKS 3 EACH	\$0.00		\$2,400.00
PORT A COOL AIR CONDITIONER 2 EACH	\$0.00		\$4,000.00
HOBART RC-300 WELDER	\$0.00		\$0.00
MILLER 250 WELDER	\$0.00		Unknown
LINCOLN CV-250 WELDER	\$0.00		\$1,000.00
MILLER CP/CC 1500 WELDER	\$0.00		\$5,000.00
LINCOLN CV-300 WELDER	\$0.00		\$1,000.00
LINCOLN R35-325 WELDER	\$0.00		\$1,000.00
LINCOLN DC-400 WELDER	\$0.00		\$1,000.00
LINCOLN DC-600 WELDER	\$0.00		\$1,000.00
LINCOLN IDEALARC 250 WELDER	\$0.00		\$200.00
LINCOLN IDEALARC 250 WELDER	\$0.00		\$200.00
HOBART AGH-27 WIRE FEEDER	\$0.00		\$0.00
LINCOLN LN-7 WIRE FEEDER	\$0.00		\$500.00
LINCOLN LN-7 WIRE FEEDER	\$0.00		\$500.00
LINCOLN LN-7 WIRE FEEDER	\$0.00		\$500.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
LINCOLN LF-74 WIRE FEEDER	\$0.00		\$500.00
LINCOLN NA-3S SUB-ARC WELDER	\$0.00		\$2,500.00
LINCOLN NA-3N SUB-ARC WELDER	\$0.00		\$2,500.00
LINCOLN NA-3N SUB-ARC WELDER	\$0.00		\$2,500.00
WELD ENGR. INC. WEC-AP-1 FLUX RECOVERY SYSTEM	\$0.00		\$1,000.00
UNIQUE WELDING BOOM	\$0.00		\$1,200.00
UNIQUE WELDING BOOM	\$0.00		\$2,500.00
HASEN WELDING BOOM	\$0.00		\$2,000.00
TELEDYNE 12X9 MANIPULATOR	\$0.00		\$13,000.00
JETLINE ZB200A POSITIONER	\$0.00		\$250.00
RANSOME 2500LB 25-P POSITIONER	\$0.00		\$6,000.00
RANSOME 5000LB 50-P POSITIONER	\$0.00		\$9,000.00
ARONSON 90,000LB HD500 POSITIONER	\$0.00		\$35,000.00
PHOENIX 15 DRY ROD OVEN	\$0.00		\$500.00
AERCOLOGY WA-1000CPH SMOKE ELIMINATOR	\$0.00		\$2,000.00
AERCOLOGY WA-1000CPH SMOKE ELIMINATOR	\$0.00		\$2,000.00
SMOKEMASTER SMOK ELIMINATOR	\$0.00		\$1,000.00
SMOKEMASTER SMOK ELIMINATOR	\$0.00		\$1,000.00
ECKLUND AUTOLOADER INSPECTION TABLE	\$0.00		\$2,000.00
METAL PODIUM 2 EACH	\$0.00		\$500.00

Debtor	PACIFIC COAST FLANGE, INC.	Case number (If known)	17-50643
	Name		
80X80 DIP TANK 2 EACH		\$0.00	\$4,000.00
63X63 DIP TANK 2 EACH		\$0.00	\$3,000.00
44X44 DIP TANK 2 EACH		\$0.00	\$2,500.00
33X33 DIP TANK 2 EACH		\$0.00	\$2,000.00
ACCENT IND. DRYER		\$0.00	\$5,000.00
DRYER RACK 2 EACH		\$0.00	\$1,500.00
5X7 CONTAINMENT TANK		\$0.00	\$500.00
DYE PENETRANT COMPONENTS		\$0.00	\$1,000.00
QA TESTING TOOLS		\$0.00	\$4,000.00
LOADING RAMP		\$0.00	\$3,000.00
LOADING DOCK		\$0.00	\$1,711.00
SCISSOR LIFT TABLE 2 EACH		\$0.00	\$500.00
STAIRWAY PORTABLE		\$0.00	\$500.00
PALLET RACKING 2 EACH		\$0.00	\$35,000.00
PALLET RACK CORNER		\$0.00	\$750.00
KENNEDY 10X42 TOOL BOX		\$0.00	\$400.00
SNAP ON 11X54 TOOL BOX		\$0.00	\$1,800.00
KOBALT 27X6 TOOL BOX 4 EACH		\$0.00	\$1,500.00
KOBALT 27X5 TOOL BOX		\$0.00	\$300.00
TOOL HOLDER CAB. 4		\$0.00	\$800.00
EQUIPTO TOOLING CABINET		\$0.00	\$500.00

Debtor PACIFIC COAST FLANGE, INC.
NameCase number (If known) 17-50643

<u>UPPER SCOOT TOOLING CABINET</u>	<u>\$0.00</u>	<u>\$200.00</u>
<u>UPPER SCOOT TOOLING CABINET</u>	<u>\$0.00</u>	<u>\$200.00</u>
<u>DURHAM STEEL CABINET</u>	<u>\$0.00</u>	<u>\$900.00</u>
<u>STONG HOLD STEEL CABINET</u>	<u>\$0.00</u>	<u>\$1,200.00</u>
<u>JUSTRITE FIREPROOF CABINET 2 EACH</u>	<u>\$0.00</u>	<u>\$1,500.00</u>
<u>EQUIPTO STORAGE BINS 2 EACH</u>	<u>\$0.00</u>	<u>\$2,000.00</u>
<u>STORAGE LOCKERS</u>	<u>\$0.00</u>	<u>\$800.00</u>
<u>SOLVENT TANK</u>	<u>\$0.00</u>	<u>\$300.00</u>
<u>BANDING STATION 3</u>	<u>\$0.00</u>	<u>\$2,000.00</u>
<u>AIR HOSE REEL</u>	<u>\$0.00</u>	<u>\$4,500.00</u>
<u>ELECTRICAL REEL</u>	<u>\$0.00</u>	<u>\$2,000.00</u>
<u>WATER HOSE REEL</u>	<u>\$0.00</u>	<u>\$100.00</u>
<u>CHAMPION SWAMP COOLER 2 EACH</u>	<u>\$0.00</u>	<u>\$800.00</u>
<u>MILWAUKEE 4202 MAG DRILL</u>	<u>\$0.00</u>	<u>\$750.00</u>
<u>MAGNETOOL MAG POWER LIFT</u>	<u>\$0.00</u>	<u>\$1,200.00</u>
<u>5 TON CRANEWAY</u>	<u>\$0.00</u>	<u>\$5,000.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,312,690.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

Debtor PACIFIC COAST FLANGE, INC.
Name

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- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **PACIFIC COAST FLANGE, INC.**
NameCase number (If known) **17-50643****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$400.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$18,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$22,475.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$3,312,690.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$3,353,565.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$3,353,565.00

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	BANK OF THE WEST Creditor's Name 475 SANSOME STREET, 19TH FLOOR NC-TRI-19 San Francisco, CA 94111 Creditor's mailing address Creditor's email address, if known Date debt was incurred 10/2016 Last 4 digits of account number 0574 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien ALL MACHINE TOOL AND RELATED EQUIPMENT LEASED OR FINANCED FROM BANK OF THE WEST Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,732.20	\$0.00

2.2	CAP CALL, LLC Creditor's Name 122 E. 42ND STREET, SUITE 2112 New York, NY 10168 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2/2017 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien ALL ASSETS OF DEBTOR Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$72,500.00	\$0.00
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Debtor **PACIFIC COAST FLANGE, INC.**Case number (if know) **17-50643**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

CORPORATION SERVICE COMPANY

Creditor's Name

**PO BOX 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ALL ASSETS OF DEBTOR**\$0.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

CROSSROADS FINANCIAL, LLC

Creditor's Name

**6001 BROKEN SOUND
PARKWAY, SUITE 620
Boca Raton, FL 33487**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**6/2016****Last 4 digits of account number****0333****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ALL ASSETS OF DEBTOR**\$14,549.74****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

FIRST NORTHERN BANK

Creditor's Name

**195 N. FIRST STREET
Dixon, CA 95620**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**ALL INVENTORY, ACCOUNTS, &
EQUIPMENT; FVM 104125 DC BRIDGE
MACHINE CENTER AND 1000 PSI CHIP
BALSTER****\$102,386.37****\$0.00**

Describe the lien

Debtor **PACIFIC COAST FLANGE, INC.**
NameCase number (if known) **17-50643**

Creditor's email address, if known

Date debt was incurred

4/2017

Last 4 digits of account number

1901

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

**INDUSTRIAL EQUIPMENT
CAPITAL, LLC**

Creditor's Name

**2884 PEYTON RD.
La Verne, CA 91750**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

CHEVALIER FVL-1600VTC CNC VTL**\$0.00****\$300,000.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

**US BANK EQUIPMENT
FINANCE**

Creditor's Name

**PO BOX 230789
Portland, OR 97281**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/2016

Last 4 digits of account number

2090

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**ONE CHEVALIER FVL-1600 VTC VERTICAL
TURNING CENTER WITH FANUC****\$49,560.60****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **PACIFIC COAST FLANGE, INC.**
NameCase number (if know) **17-50643**

2.8	WORLD GLOBAL FINANCING INC. Creditor's Name CHRISTOPHER JONES, ESQ. 141 NORTHEAST 3RD AVENUE, PH Miami, FL 33132 Creditor's mailing address Creditor's email address, if known Date debt was incurred 5/2017 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien ALL ASSETS OF DEBTOR Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$96,000.00	\$0.00
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$356,728.91****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
COX, WOOTTON, LERNER, GRIFFIN & HANSEN MARC T. CEFALU 900 FRONT STREET, SUITE 350 San Francisco, CA 94111	Line <u>2.1</u>	
EXPRESS FINDING INC. 8310 17TH AVENUE Brooklyn, NY 11214	Line <u>2.8</u>	
RICHMOND CAPITAL GROUP LLC 125 MAIDEN LANE, SUITE 501 New York, NY 10038	Line <u>2.2</u>	
TD BANK 100 STONE VILLAGE DRIVE Fort Mill, SC 29708	Line <u>2.4</u>	

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address DEPARTMENT OF LABOR 1818 E. COLLEGE PARKWAY, SUITE 102 Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address DEPARTMENT OF TAXATION 1550 COLLEGE PARKWAY, SUITE 115 Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,557.34	\$0.00
	Date or dates debt was incurred 4/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2016-2017 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	PACIFIC COAST FLANGE, INC. Name	Case number (if known)	17-50643
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2.3	Priority creditor's name and mailing address EMPLOYMENT SECURITY DIVISION CONTRIBUTIONS SECTION 500 E THIRD STREET Carson City, NV 89713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$494.81 \$0.00
	Date or dates debt was incurred 5/2016	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address FORREST MACK 8730 IROQUOIS TRAIL STAGECOACH, NV 89429	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00 \$2,400.00
	Date or dates debt was incurred 4/2017	Basis for the claim: UNPAID WAGES	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.5	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE P.O. Box 21126 DPN 781 Philadelphia, PA 19114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.6	Priority creditor's name and mailing address LYON COUNTY ASSESSORS 27 SOUTH MAIN STREET Yerington, NV 89447	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,732.03 \$12,732.03
	Date or dates debt was incurred 8/2016	Basis for the claim:	
	Last 4 digits of account number 1915 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	PACIFIC COAST FLANGE, INC.	Case number (if known)	17-50643
Name			

2.7	Priority creditor's name and mailing address STATE OF NEVADA DMV PO BOX 6900 Carson City, NV 89702-6900	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,457.00	\$2,457.00
Date or dates debt was incurred 9/2015		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address A-L SIERRA WELDING PRODUCTS 4443 US-50 Carson City, NV 89701 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>8587</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,449.97
3.2	Nonpriority creditor's name and mailing address AARON MIHALI Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u>12</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,095.00
3.3	Nonpriority creditor's name and mailing address ABC FIRE & CYLINDER SERVICE 1025 TELEGRAPH STREET Reno, NV 89502 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>4154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,136.51
3.4	Nonpriority creditor's name and mailing address ABC HEATING & SHEET METAL 7893 US-50 Carson City, NV 89701 Date(s) debt was incurred <u>6/2008</u> Last 4 digits of account number <u>7797</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.39
3.5	Nonpriority creditor's name and mailing address ADVANCE CAPITAL 8 HAVEN AVENUE, SUITE 205 Port Washington, NY 11050 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **PACIFIC COAST FLANGE, INC.**
NameCase number (if known) **17-50643**

3.6	Nonpriority creditor's name and mailing address AFLAC 1932 WYNNTON ROAD Columbus, GA 31999 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>6328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,080.92
3.7	Nonpriority creditor's name and mailing address AIRGAS NCN 3882 GONI ROAD Carson City, NV 89706 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>6053</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,354.78
3.8	Nonpriority creditor's name and mailing address ALLEN MAXWELL & SILVER, INC. PO BOX 540 Fair Lawn, NJ 07410 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>0319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DSV AIR & SEA INC.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,917.65
3.9	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 0001 Los Angeles, CA 90096 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,371.87
3.10	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 0001 Los Angeles, CA 90096 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,395.35
3.11	Nonpriority creditor's name and mailing address AMERICAN METALS 525 S. SEQUOIA PARKWAY Canby, OR 97013 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>2435</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,726.52
3.12	Nonpriority creditor's name and mailing address AMERICAN WATER WORKS ASSOCIATION 6666 W. QUINCY AVENUE Denver, CO 80235-3098 Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>7780</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,506.00

Debtor	PACIFIC COAST FLANGE, INC. Name	Case number (if known) 17-50643
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3.13	Nonpriority creditor's name and mailing address AMERICAN WELDING SOCIETY 8669 NW 36TH STREET, SUITE 130 Miami, FL 33166-6672 Date(s) debt was incurred <u>7/2015</u> Last 4 digits of account number <u>1376</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$430.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address AMERIGAS 4501 GONI ROAD Carson City, NV 89706 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>1530</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,791.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address AMERIPRIDE 958 UNITED CIRCLE Sparks, NV 89431 Date(s) debt was incurred <u>10/2016</u> Last 4 digits of account number <u>3541</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,492.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address AMERISOURCE FUNDING, INC. 970 RESERVE DRIVE, SUITE 122 Roseville, CA 95678 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$179,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address API INTERNATIONAL, INC. 12505 SW HERMAN ROAD Tualatin, OR 97062 Date(s) debt was incurred <u>6/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address ARTISTIC FENCE 5740 US-50 Carson City, NV 89701 Date(s) debt was incurred <u>11/2016</u> Last 4 digits of account number <u>4044</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,507.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address AT&T MOBILITY PO BOX 515188 Los Angeles, CA 90051 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,658.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELEPHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	PACIFIC COAST FLANGE, INC.	Case number (if known)	17-50643
3.20	Nonpriority creditor's name and mailing address BAKER, GOVERN & BAKER INC. 7771 W. OAKLAND PARK BOULEVARD, STE. 150 ATRIUM WEST BUILDING Fort Lauderdale, FL 33351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OLD DOMINION FREIGHT LINE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,582.56
3.21	Nonpriority creditor's name and mailing address BANK OF AMERICA PO BOX 15796 Wilmington, DE 19886 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>8995</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,379.89
3.22	Nonpriority creditor's name and mailing address BEST LIFE 17701 MITCHELL N Irvine, CA 92614 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>2140</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,884.45
3.23	Nonpriority creditor's name and mailing address BETTER BUSINESS BUREAU 4834 SPARKS BOULEVARD, SUITE 102 Sparks, NV 89436 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>1493</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.24	Nonpriority creditor's name and mailing address BNSF LOGISTICS, LLC 1600 LAKESIDE PARKWAY, SUITE 100 Flower Mound, TX 75028 Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>8506</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,335.00
3.25	Nonpriority creditor's name and mailing address BUCHALTER 55 2ND STREET, 17TH FLOOR San Francisco, CA 94105-3493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.26	Nonpriority creditor's name and mailing address CAB INCORPORATED 5411 COLE ROAD NE Buford, GA 30518 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>32IN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,839.81

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3.27	Nonpriority creditor's name and mailing address CAPITAL ADVANCE SERVICES LLC 1715 STATE ROUTE 35, SUITE 302 Middletown, NJ 07748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.28	Nonpriority creditor's name and mailing address CARSON CITY CHAMBER OF COMMERCE 1900 S. CARSON STREET Carson City, NV 89701 Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>9128</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.29	Nonpriority creditor's name and mailing address CARSON CITY LANDFILL DEVELOPMENT SERVICE 3600 FLINT DRIVE Carson City, NV 89701 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>0286</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$789.76
3.30	Nonpriority creditor's name and mailing address CARSON CITY TIRE PROS 119 HOT SPRINGS ROAD Carson City, NV 89706 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>6777</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$730.66
3.31	Nonpriority creditor's name and mailing address CAVALLERO HEATING & AIR COND., INC. 5541 US-50 Carson City, NV 89701 Date(s) debt was incurred <u>6/2016</u> Last 4 digits of account number <u>0057</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.32	Nonpriority creditor's name and mailing address CENTRAL FREIGHT LINES, INC. 2401 E. 5TH STREET Reno, NV 89512 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,922.83
3.33	Nonpriority creditor's name and mailing address CHARTER BUSINESS 400 ATLANTIC STREET, 10TH FLOOR Stamford, CT 06901 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,253.91

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3.34	Nonpriority creditor's name and mailing address CISCO AIR SYSTEMS 214 27TH STREET Sacramento, CA 95816 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>5407</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,390.76
3.35	Nonpriority creditor's name and mailing address CLANCY MACHINE & TOOL INC. 3055 OSGOOD COURT Fremont, CA 94539 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>9973</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.59
3.36	Nonpriority creditor's name and mailing address CLANCY MACHINE TOOL, INC. 3942 VALLEY AVENUE, BUILDING K Pleasanton, CA 94566 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>0061</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270,000.00
3.37	Nonpriority creditor's name and mailing address CORPORATION SERVICE COMPANY PO BOX 2576 Springfield, IL 62708-2576 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	Nonpriority creditor's name and mailing address CRYSTAL FUNDING GROUP 80 BROAD STREET, 7TH FLOOR New York, NY 10004 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address CT LIEN SOLUTIONS PO BOX 29071 Glendale, CA 91209-9071 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.40	Nonpriority creditor's name and mailing address DENNIS A. RINEARSON 1015 SUNSET DRIVE Dixon, CA 95620 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.41	Nonpriority creditor's name and mailing address DODSON GLOBAL, INC. 5650 E. PONCE DE LEON AVENUE Stone Mountain, GA 30083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,800.00
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3.42	Nonpriority creditor's name and mailing address DSV AIR & SEA INC C/O ALLEN MAXWELL & SILVER PO BOX 540 Fair Lawn, NJ 07410 Date(s) debt was incurred ____ Last 4 digits of account number <u>0319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,917.65
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3.43	Nonpriority creditor's name and mailing address DYNATEK 2191 MENDENHALL, SUITE 105 North Las Vegas, NV 89081 Date(s) debt was incurred <u>9/2016</u> Last 4 digits of account number <u>0076</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.46
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3.44	Nonpriority creditor's name and mailing address EBF PARTNERS LLC 5 WEST 37TH STREET 2ND FLOOR New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.45	Nonpriority creditor's name and mailing address EVEREST BUSINESS FUNDING 5 W. 37TH STREET, 2ND FLOOR New York, NY 10018 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,600.00
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3.46	Nonpriority creditor's name and mailing address EXPRESS FUNDING CORP. 8310 17TH AVENUE Brooklyn, NY 11214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.47	Nonpriority creditor's name and mailing address FASTENAL 2001 THEURER BOULEVARD Winona, MN 55987 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>3007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.54
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3.48	Nonpriority creditor's name and mailing address FED EX FREIGHT PO BOX 10306 Palatine, IL 60055 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u>2243</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,497.62
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3.49	Nonpriority creditor's name and mailing address FEDERAL EXPRESS 7900 LEGACY DRIVE Plano, TX 75024 Date(s) debt was incurred <u>9/2016</u> Last 4 digits of account number <u>8906</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.39
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3.50	Nonpriority creditor's name and mailing address FEMCO INC. 7142 BELGRAVE AVENUE Garden Grove, CA 92841 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,104.38
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3.51	Nonpriority creditor's name and mailing address FIRST CHOICE COFFEE & WATER SERVICES 7525 COLBERT DRIVE, SUITE 105 Reno, NV 89511 Date(s) debt was incurred <u>11/2015</u> Last 4 digits of account number <u>7857</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.52	Nonpriority creditor's name and mailing address FIRST CORPORATE SOLUTIONS 914 S STREET Sacramento, CA 95814 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.53	Nonpriority creditor's name and mailing address FIRST NORTHERN BANK 195 N. FIRST STREET Dixon, CA 95620 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>1901;3140;1901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552,136.43
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3.54	Nonpriority creditor's name and mailing address FIRST NORTHERN BANK 195 N. FIRST STREET Dixon, CA 95620 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,105.06
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3.55	Nonpriority creditor's name and mailing address FIRST NORTHERN BANK 195 N. FIRST STREET 95620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OVERDRAWN CHECKING ACCOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address FLYERS ENERGY, LLC 2360 LINDBERGH STREET Auburn, CA 95602 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number <u>2547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$930.55
3.57	Nonpriority creditor's name and mailing address FORWARD FINANCING 36 BROMFIELD STREET, SUITE 210-212 Boston, MA 02108 Date(s) debt was incurred <u>11/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255,762.50
3.58	Nonpriority creditor's name and mailing address FREIGHT ENGINEERS 2376 black oak way Ashland, OR 97520 Date(s) debt was incurred <u>11/2016</u> Last 4 digits of account number <u>8987</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
3.59	Nonpriority creditor's name and mailing address FRISA FORJADOS, SA DE CV PO BOX 671256 Dallas, TX 75267-1256 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>7232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,101.00
3.60	Nonpriority creditor's name and mailing address G&J SEIBERLICH 183 BUTCHER ROAD, SUITE A Vacaville, CA 95687 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>4295</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,142.00
3.61	Nonpriority creditor's name and mailing address GATEWAY ACCEPTANCE COMPANY 2255 CONTRA COSTA BLVD., SUITE 300 Pleasant Hill, CA 94523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600,000.00

Debtor Name	PACIFIC COAST FLANGE, INC.	Case number (if known)	17-50643
3.62	Nonpriority creditor's name and mailing address HARTMAN STEEL, INC. C/O FAHRENDORF, VILORIA, OLIPHANT & OSTER LLP 327 CALIFORNIA AVENUE Reno, NV 89509 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>2399</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address HAWKINS HEATING & AIR 2224 CLEARVIEW Carson City, NV 89701 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>4646</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,843.00
3.64	Nonpriority creditor's name and mailing address HOLMES MURPHY & ASSOC. PO BOX 9207 Des Moines, IA 50306-9207 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>4748</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,255.77
3.65	Nonpriority creditor's name and mailing address HOME DEPOT PO BOX 790420 Saint Louis, MO 63179 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>2398</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$798.70
3.66	Nonpriority creditor's name and mailing address HYDRAULIC INDUSTRIAL SERVICES 5248 HWY 50 Carson City, NV 89701 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u>9507</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.69
3.67	Nonpriority creditor's name and mailing address INDUSTRIAL EQUIPMENT CAPITAL, LLC 2884 PEYTON ROAD La Verne, CA 91750 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9464</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address ISU HENKES WELSH AGENCY PO BOX 11455 Reno, NV 89510-1145 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>8995</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,259.00

Debtor	PACIFIC COAST FLANGE, INC. Name	Case number (if known)	17-50643
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3.69	Nonpriority creditor's name and mailing address J.C.'S XPRESS, INC. 630 WALTHAM WAY Sparks, NV 89434 Date(s) debt was incurred <u>7/2015</u> Last 4 digits of account number <u>3108</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,700.00
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3.70	Nonpriority creditor's name and mailing address JACQUET WEST 191 SOUTH KEIM STREET, SUITE 108 Pottstown, PA 19464 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>2874</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,898.86
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3.71	Nonpriority creditor's name and mailing address JAMES BLUEBERG 4841 FRANKTOWN ROAD Washoe Valley, NV 89704 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNPAID RENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,050.00
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3.72	Nonpriority creditor's name and mailing address JLM INDUSTRIAL SUPPLY, INC. 955 S. MCCARRAN BOULEVARD, SUITE 102 Sparks, NV 89431 Date(s) debt was incurred <u>10/2016</u> Last 4 digits of account number <u>8101</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,487.66
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3.73	Nonpriority creditor's name and mailing address JRB MACHINE LLC 2542 BUSINESS PARKWAY, SUITE 3 Minden, NV 89423 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>1629</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.53
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3.74	Nonpriority creditor's name and mailing address KELLY PIPE CO., LLC 11680 BLOOMFIELD AVENUE PO BOX 2827 Santa Fe Springs, CA 90670 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number <u>4154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.75	Nonpriority creditor's name and mailing address LES SCHWAB 3020 S. CARSON STREET Carson City, NV 89701 Date(s) debt was incurred <u>6/2016</u> Last 4 digits of account number <u>3885</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.60
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Debtor **PACIFIC COAST FLANGE, INC.**
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3.76	Nonpriority creditor's name and mailing address LOCKWOOD-MOORE, INC. 754 KUENZLI STREET Reno, NV 89502 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>2396</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$608.20
3.77	Nonpriority creditor's name and mailing address LOWE'S PO BOX 1111 North Wilkesboro, NC 28656 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>0591</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.78	Nonpriority creditor's name and mailing address LYNCO FLANGE & FITTINGS 5114 STEADMONT DRIVE Houston, TX 77040 Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>0901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,042.00
3.79	Nonpriority creditor's name and mailing address LYON COUNTY UTILITIES PO BOX 1699 Dayton, NV 89403 Date(s) debt was incurred <u>10/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.92
3.80	Nonpriority creditor's name and mailing address MANUFACTURERS' NEWS, INC. 1633 CENTRAL STREET Evanston, IL 60201-1569 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>0527</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00
3.81	Nonpriority creditor's name and mailing address MOUND HOUSE TRUE VALUE HARDWARE 10189 HWY 50 EAST Carson City, NV 89706 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>0070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,112.23
3.82	Nonpriority creditor's name and mailing address MSC INDUSTRIAL SUPPLY CO., INC. DEPT. CH 0075 Mount Prospect, IL 60056-0075 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>0989</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,096.37

Debtor **PACIFIC COAST FLANGE, INC.**
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3.83	Nonpriority creditor's name and mailing address NAPA 1882 HWY 50 EAST Carson City, NV 89701 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>9871</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.81
3.84	Nonpriority creditor's name and mailing address NAYLOR (CANADA) SUITE 300 1630 NESS AVENUE WINNIPEG, MANITOBA R3J 3X1 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u>0020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.61
3.85	Nonpriority creditor's name and mailing address NAYLOR PUBLICATIONS INC. PO BOX 847865 Dallas, TX 75284-7865 Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>0019</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,252.51
3.86	Nonpriority creditor's name and mailing address NEVADA MANUFACTURERS DIRECTORY 1633 CENTRAL Evanston, IL 60201-1569 Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>4445</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,417.00
3.87	Nonpriority creditor's name and mailing address NEVADA STATE DEVELOPMENT CORP 6572 S. MCCARRAN BLVD. Reno, NV 89509 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SBA LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337,894.44
3.88	Nonpriority creditor's name and mailing address NEVADA TOOL GRINDING PO BOX 22089 Carson City, NV 89721 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u>7591</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$516.25
3.89	Nonpriority creditor's name and mailing address NORM LAMARSNA 2902 LONGSPUR DRIVE Fullerton, CA 92835 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNPAID RENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.50

Debtor **PACIFIC COAST FLANGE, INC.**
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3.90	Nonpriority creditor's name and mailing address NORTH AMERICAN COMPANY FOR LIFE INSURANCE 525 W. VAN BUREN Chicago, IL 60607 Date(s) debt was incurred <u>11/2015</u> Last 4 digits of account number <u>6320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LIFE INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,067.50
3.91	Nonpriority creditor's name and mailing address NORTHERN NEVADA MEDICAL GROUP 2345 E. PRATER WAY, SUITE 207 Sparks, NV 89434-9629 Date(s) debt was incurred <u>11/2016</u> Last 4 digits of account number <u>3965</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICAL DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.92	Nonpriority creditor's name and mailing address NUGROWTH CAPITAL 1 BLUE HILL PLAZA, SUITE 1514 Pearl River, NY 10965 Date(s) debt was incurred <u>6/2016</u> Last 4 digits of account number <u>0916</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,575.00
3.93	Nonpriority creditor's name and mailing address NV ENERGY PO BOX 30065 Reno, NV 89520 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,504.81
3.94	Nonpriority creditor's name and mailing address NY RESTRAINING NOTICE / CAP CALL LLC Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.95	Nonpriority creditor's name and mailing address OAK HARBOR FREIGHT LINES PO BOX 1469 Auburn, WA 98071-1469 Date(s) debt was incurred <u>9/2016</u> Last 4 digits of account number <u>0820</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,783.27
3.96	Nonpriority creditor's name and mailing address OKLAHOMA FORGE, INC. PO BOX 701500 Tulsa, OK 74170-1500 Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>3233</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,334.00

Debtor	PACIFIC COAST FLANGE, INC. Name	Case number (if known)	17-50643
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3.97	Nonpriority creditor's name and mailing address OLD DOMINION FREIGHT LINE, INC. PO BOX 742296 Los Angeles, CA 90074-2296 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>5951</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,847.64
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3.98	Nonpriority creditor's name and mailing address O'REILLY AUTO PO BOX 9464 Springfield, MO 65801-9464 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>5649</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.84
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3.99	Nonpriority creditor's name and mailing address ORORA NORTH AMERICA C/O LAW OFFICES OF BRIAN J. FERBER, INC. 5611 FALLBROOK AVENUE Woodland Hills, CA 91367 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,253.49
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3.100	Nonpriority creditor's name and mailing address PACIFIC COAST FLANGE PROPERTIES LLC 45 STOKES DRIVE Carson City, NV 89706 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219,500.00
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3.101	Nonpriority creditor's name and mailing address PACIFIC COAST FLANGE PROPERTIES, LLC 45 STOKES DR. Carson City, NV 89701 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,815.85
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3.102	Nonpriority creditor's name and mailing address PACIFIC INTERNET 105 W. CLAY STREET Ukiah, CA 95482 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$583.55
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3.103	Nonpriority creditor's name and mailing address PDM STEEL SERVICE CENTERS, INC. 1250 KLEPPE LANE Sparks, NV 89431-0430 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>7101</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,753.40
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Debtor PACIFIC COAST FLANGE, INC.		Case number (if known) 17-50643
Name		

3.104	Nonpriority creditor's name and mailing address PERRY DAVIS 792 S. SUTRO TERRACE Carson City, NV 89706 Date(s) debt was incurred _____ Last 4 digits of account number <u>2017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNPAID RENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,783.00
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3.105	Nonpriority creditor's name and mailing address PIPING PRODUCTS INC. 1681 KRESS STREET Houston, TX 77020-8126 Date(s) debt was incurred <u>6/2016</u> Last 4 digits of account number <u>3201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,224.00
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3.106	Nonpriority creditor's name and mailing address PITNEY BOWES PO BOX 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number <u>7466</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062.05
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3.107	Nonpriority creditor's name and mailing address REDDAWAY PO BOX 1300 Tualatin, OR 97062 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>8647</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,666.53
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3.108	Nonpriority creditor's name and mailing address REPUBLIC INDEMNITY PO BOX 31001-2174 Pasadena, CA 91110-2174 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>2530</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,812.30
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3.109	Nonpriority creditor's name and mailing address SAFEGUARD PO BOX 88043 Chicago, IL 60680-1043 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>9124</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.99
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3.110	Nonpriority creditor's name and mailing address SAFETY-KLEEN C/O ADAMS, LONDON & WEISS LLC PO BOX 37428 Houston, TX 77237-0428 Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>9378</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,442.20
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3.111	Nonpriority creditor's name and mailing address SAIA MOTOR FREIGHT LINE, INC. PO BOX 730532 Dallas, TX 75373-0532 Date(s) debt was incurred <u>11/2014</u> Last 4 digits of account number <u>5584</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,672.85
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3.112	Nonpriority creditor's name and mailing address SAMUEL, SON & CO. INC. C/O GUILD, GALLAGHER & FULLER, LTD. 100 W. LIBERTY STREET, SUITE 800 Reno, NV 89501 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>7802</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113	Nonpriority creditor's name and mailing address SELWAY MACHINE TOOL CO. 29250 UNION CITY Union City, CA 94587-1209 Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>6405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,630.03
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3.114	Nonpriority creditor's name and mailing address SIERRA COMPUTERS AND TRAINING 1900 VASSAR STREET Reno, NV 89502 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>8859</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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3.115	Nonpriority creditor's name and mailing address SIERRA HEALTH & LIFE 2720 N. TENAYA WAY, 4TH FLOOR Las Vegas, NV 89128 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>8498</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,131.38
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3.116	Nonpriority creditor's name and mailing address SIRIUS XM RADIO INC. PO BOX 78054 Phoenix, AZ 85062-8054 Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>4092</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.27
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3.117	Nonpriority creditor's name and mailing address SOLIDCAM 4250 ALAFAYA TRAIL, SUITE 212-152 Oviedo, FL 32765 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>7297</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,828.00
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3.118	Nonpriority creditor's name and mailing address SOUTHWEST GAS PO BOX 98890 Las Vegas, NV 89193-8890 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,512.96
3.119	Nonpriority creditor's name and mailing address STANLEY CONVERGENT SECURITY SOLUTIONS DEPT. CH 10651 Palatine, IL 60055 Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>4905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,657.86
3.120	Nonpriority creditor's name and mailing address STAPLES PO BOX 790439 Saint Louis, MO 63179 Date(s) debt was incurred <u>4/2017</u> Last 4 digits of account number <u>8607</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.87
3.121	Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE DEPT. LA PO BOX 83689 Chicago, IL 60696 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>4992</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.71
3.122	Nonpriority creditor's name and mailing address STAPLES CONTRACT AND COMMERCIAL PO BOX 414524 Boston, MA 02241-4524 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>6091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,086.85
3.123	Nonpriority creditor's name and mailing address STI/SPFA 9440 DONATA COURT Lake Zurich, IL 60047 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>1836</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,040.00
3.124	Nonpriority creditor's name and mailing address TEXAS FLANGE & FITTING SUPPLY PO BOX 2889 Pearland, TX 77588 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u>8647</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,920.00

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3.125	Nonpriority creditor's name and mailing address TOWER COLLATERAL SOLUTIONS 10888 AVENIDA SANTA ANA Boca Raton, FL 33498 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number <u>2016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,830.25
3.126	Nonpriority creditor's name and mailing address TRUE YELLOW PAGES DIRECTORY 10624 S. EASTERN AVENUE, SUITE A Reno, NV 89502 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>1885</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.00
3.127	Nonpriority creditor's name and mailing address UCC DIRECT SERVICES 2727 ALLEN PARKWAY, SUITE 1000 Houston, TX 77019 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.128	Nonpriority creditor's name and mailing address ULINE PO BOX 88741 Chicago, IL 60680-1741 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>1885</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,226.20
3.129	Nonpriority creditor's name and mailing address UNITED RENTALS/NV PO BOX 100711 Atlanta, GA 30384-0711 Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,419.31
3.130	Nonpriority creditor's name and mailing address UPS FREIGHT PO BOX 730900 Dallas, TX 75373-0900 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>1645</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.08
3.131	Nonpriority creditor's name and mailing address US BANK PO BOX 7990448 Saint Louis, MO 63179-0448 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>8913</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIER LEASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.88

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3.132	Nonpriority creditor's name and mailing address US BANK EQUIPMENT FINANCE 13010 SW 68TH PARKWAY, SUITE 100 Portland, OR 97223 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.133	Nonpriority creditor's name and mailing address USA PALLET DEPOT PO BOX 7764 Reno, NV 89510 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>6421</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,571.00
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3.134	Nonpriority creditor's name and mailing address USF REDDAWAY 26401 NETWORK PLACE Chicago, IL 60673-1264 Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>0201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING COSTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,301.15
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3.135	Nonpriority creditor's name and mailing address UTI, UNITED STATES, INC. 26838 NETWORK PLACE CHICAGO, IL 60673-1268 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>2811</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,491.67
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3.136	Nonpriority creditor's name and mailing address VAL-FIT, INC. DEPT. LA 24020 Pasadena, CA 91185-4020 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>1569</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,872.50
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3.137	Nonpriority creditor's name and mailing address VICEROY CAPITAL FUNDING 40 WALL STREET, 28TH FLOOR New York, NY 10005 Date(s) debt was incurred <u>3/2017</u> Last 4 digits of account number <u>001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,450.00
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3.138	Nonpriority creditor's name and mailing address VISION SERVICE PLAN PO BOX 45210 San Francisco, CA 94145-5210 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,186.35
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3.139	Nonpriority creditor's name and mailing address WASTE MANAGEMENT PO BOX 541065 Los Angeles, CA 90054-1065 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>1671</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,275.10	
3.140	Nonpriority creditor's name and mailing address WEDCO INC. PO BOX 1131 Reno, NV 89504 Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>6013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.74	
3.141	Nonpriority creditor's name and mailing address WELLS FARGO BANK, N.A. SBC 504 PROGRAM 9062 OLD ANNAPOLIS ROAD MAC: R1204-010 Columbia, MD 21045-1951 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260,581.15	
3.142	Nonpriority creditor's name and mailing address WELLS FARGO BANK, N.A. SBA 504 PROGRAM 9062 OLD ANNAPOLIS ROAD MAC: R1204-010 Columbia, MD 21045-1951 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SBA LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372,972.26	
3.143	Nonpriority creditor's name and mailing address WEST COAST METALS GROUP 2455 NW NICOLAI STREET, SUITE B Portland, OR 97210 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>7250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.00	
3.144	Nonpriority creditor's name and mailing address WESTERN NEVADA SUPPLY 950 S. ROCK BOULEVARD Sparks, NV 89431 Date(s) debt was incurred <u>11/2015</u> Last 4 digits of account number <u>1431</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.27	
3.145	Nonpriority creditor's name and mailing address WESTERN TOOL & SUPPLY COMPANY PO BOX 2420 Livermore, CA 94551-2420 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number <u>0174</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,074.46	

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3.146 Nonpriority creditor's name and mailing address WILOP FORGE & FOUNDRY CO., LTD. 394 ZHONGNAN ROAD, SUITE 342 DALIAN CHINA Date(s) debt was incurred <u>10/2015</u> Last 4 digits of account number <u>CF15</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378,770.77
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3.147 Nonpriority creditor's name and mailing address WINK CPA 2744 DEL RIO PLACE, SUITE 110 Davis, CA 95618 Date(s) debt was incurred <u>2/2017</u> Last 4 digits of account number <u>4181</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$980.49
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3.148 Nonpriority creditor's name and mailing address XPOLOGISTICS C/O WEINSTOCK & o'MALLEY PO BOX 311 105 WHITE OAK LANE, 2ND FLOOR Old Bridge, NJ 08857-1006 Date(s) debt was incurred <u>10/2016</u> Last 4 digits of account number <u>6141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,464.38
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3.149 Nonpriority creditor's name and mailing address YRC PO BOX 100299 Pasadena, CA 91189-0299 Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>6958</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,122.92
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ALLEN MAXWELL & SILVER PO BOX 540 Fair Lawn, NJ 07410	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	AMERISOURCE FUNDING 7225 LANGTRY STREET Houston, TX 77040	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	AUSTIN GRAY C/O WEYCER KAPLAN PULASKI & ZUBER PC 11 GREENWAY PLAZA, SUITE 1400 Houston, TX 77046-1104	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	<u>6691</u>
4.4	BAKER, GOVERN & BAKER INC. 7771 W. OAKLAND PARK BLVD., SUITE 150 ATRIUM WEST BUILDING Fort Lauderdale, FL 33351	Line <u>3.97</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor PACIFIC COAST FLANGE, INC.		Case number (if known) 17-50643
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	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.5	BEWLEY, LASSLEBEN & MILLER, LLP SUITE 510 WHITTIER SQUARE 13215 PENN STREET Whittier, CA 90602-1797	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____
4.6	CAIN & DANIELS, INC. 4902 EISENHOWER BLVD., 2ND FLOOR Tampa, FL 33634	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____
4.7	CAPITAL ADVANCE SERVICES LLC 1 EVERTRUST PLAZA, SUITE 1401 Jersey City, NJ 07302	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____
4.8	FED EX FREIGHT PO BOX 21415 Pasadena, CA 91185-1415	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____
4.9	FEDERAL EXPRESS PO BOX 7221 Pasadena, CA 91109-7321	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain _____
4.10	FIRST NORTHERN BANK 210 STRATFORD AVENUE Dixon, CA 95620	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____ 6942
4.11	GATEWAY 1310 MADRID STREET Marshall, MN 56258	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____ 9464
4.12	GIBBS GIDEN LOCHER TURNER SENET & WITTBRODT LLP 1880 CENTURY PARK EAST, 12TH FLOOR Los Angeles, CA 90067-1621	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____
4.13	GUILD, GALLAGHER & FULLER, LTD. PAUL D. QUANDT, ESQ. 100 W. LIBERTY STREET, SUITE 800 PO BOX 2838 Reno, NV 89505	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____
4.14	HARTMAN STEEL, INC. 8310 N. BRANDON AVENUE Portland, OR 97217	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____
4.15	HOWARD M. KAHN, ATTORNEYS AT LAW 1 NORTHWEST CENTRE 13831 NORTHWEST FREEWAY, SUITE 650 Houston, TX 77040	Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain _____
4.16	IPFS CORPORATION 24722 NETWORK PLACE Chicago, IL 60673-1247	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.17	JOSEPH D. FAHRENDORF, ESQ. PO BOX 62 Reno, NV 89504	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____

Debtor PACIFIC COAST FLANGE, INC.		Case number (if known) 17-50643
Name		
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?
		Last 4 digits of account number, if any
4.18	LAW OFFICES OF WEINSTOCK & O'MALLEY PO BOX 311 105 WHITE OAK LANE, 2ND FLOOR Old Bridge, NJ 08857-1006	Line 3.148 <input type="checkbox"/> Not listed. Explain _____
4.19	MARK R. SANDRI CHENOWETH LAW GROUP, PC 510 SW 5TH AVENUE, 5TH FLOOR Portland, OR 97204	Line 3.62 <input type="checkbox"/> Not listed. Explain _____
4.20	MCA RECOVERY LLC KIMBERLY LANDGROVER, ESQ. 17 STATE STREET, SUITE 4000 New York, NY 10004	Line 3.27 <input type="checkbox"/> Not listed. Explain _____
4.21	NGUYEN & CHEN 11200 WESTHEIMER, SUITE 120 Houston, TX 77042	Line 3.78 <input type="checkbox"/> Not listed. Explain _____
4.22	OLD DOMINION FREIGHT LINE, INC. PO BOX 198475 Atlanta, GA 30384-8475	Line 3.8 <input type="checkbox"/> Not listed. Explain _____
4.23	PERFORMANCE MACHINE TOOLS LLC 3305 EDISON WAY Fremont, CA 94538	Line 3.67 <input type="checkbox"/> Not listed. Explain _____
4.24	RICHARD G. HILL, LTD. 652 FOREST STREET Reno, NV 89509	Line 3.8 <input type="checkbox"/> Not listed. Explain _____
4.25	RICHARD G. HILL, LTD. 652 FOREST STREET Reno, NV 89509	Line 3.42 <input type="checkbox"/> Not listed. Explain _____
4.26	SAFETY KLEEN PO BOX 7170 Pasadena, CA 91109-7170	Line 3.110 <input type="checkbox"/> Not listed. Explain _____
4.27	SAMUEL, SON & CO., INC. 24784 NETWORK PLACE Chicago, IL 60673-1247	Line 3.112 <input type="checkbox"/> Not listed. Explain _____
4.28	THE JACKSON LAW FIRM DANIEL W. JACKSON 3900 ESSEX LANE, SUITE 1116 Houston, TX 77027	Line 3.78 <input type="checkbox"/> Not listed. Explain _____
4.29	XPO LOGISTICS PO BOX 5160 Portland, OR 97208	Line 3.148 <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

Debtor **PACIFIC COAST FLANGE, INC.**
Name

Case number (if known) **17-50643**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5a. \$ **19,641.18**

5b. + \$ **4,855,891.44**

5c. \$ **4,875,532.62**

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1** State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name **PACIFIC COAST FLANGE, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **17-50643**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 MICHAEL AND DEBBIE FITE****WORLD GLOBAL FINANCING INC.**☒ D **2.8**
☐ E/F _____
☐ G _____**2.2 MICHAEL AND DEBBIE FITE****US BANK EQUIPMENT FINANCE**☒ D **2.7**
☐ E/F _____
☐ G _____**2.3 MICHAEL AND DEBBIE FITE****INDUSTRIAL EQUIPMENT CAPITAL, LLC**☒ D **2.6**
☐ E/F _____
☐ G _____**2.4 MICHAEL AND DEBBIE FITE****FIRST NORTHERN BANK**☒ D **2.5**
☐ E/F _____
☐ G _____**2.5 MICHAEL AND DEBBIE FITE****CROSSROADS FINANCIAL, LLC**☒ D **2.4**
☐ E/F _____
☐ G _____

Debtor **PACIFIC COAST FLANGE, INC.**Case number (if known) **17-50643****Additional Page to List More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6 **MICHAEL AND
DEBBIE FITE****CORPORATION
SERVICE COMPANY**☒ D **2.3**
☐ E/F _____
☐ G _____2.7 **MICHAEL AND
DEBBIE FITE****CAP CALL, LLC**☒ D **2.2**
☐ E/F _____
☐ G _____